



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

ELECTION DEPT.
SOMERVILLE, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2011 OCT 31 P 12:35

Fill in dates:

Reporting Period Beginning Month 08 Date 28 Year 2011 Ending Month 10 Date 21 Year 2011

Type of report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

SEAN J. FITZGERALD

Full Name of Candidate (if applicable)

ALDERMAN AT LARGE

Office Sought and District

46 GARRISON AVENUE

Residential Address

SOMERVILLE MA 02144

(617) 628-2489 Tel. No. (optional)

FRIENDS OF SEAN J. FITZGERALD

Committee Name

RACHAEL CRACKNELL

Name of Committee Treasurer

46 GARRISON AVENUE

Committee Mailing Address

SOMERVILLE MA 02144

(617) 628-2489 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>4,560.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4,560.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2,241.15</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>2,318.85</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>WINTER HILL BANK</u>

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

10-31-11

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

10-31-11

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
	SEE ATTACHED			
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD				

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10.5.11	ACT BLUE	P.O. Box 382110 CAMBRIDGE MA 02238	WEB PROCESSING FEE	67	18
10.13.11	ACT BLUE	P.O. Box 382110 CAMBRIDGE MA 02238-2110	WEB PROCESSING FEE	26	67
10.17.11	BANKS PUBLICATION	40 SOMERVILLE SCOUT	AD FOR SOMERVILLE SCOUT	600	00
10.15.11	CAMPAIGN NETWORK	235E HIGHLAND AVE SOMERVILLE MA 02128	PAID CARDS	87	00
9.30.11	CITY OF SOMERVILLE	93 HIGHLAND AVE SOMERVILLE MA 02143	VOYER DISC	35	00
10.9.11	COURTSIDE RESTAURANT	291 CAMBRIDGE ST. CAMBRIDGE MA 02141	VOLUNTEER MEETING - FOOD	100	00
10.11.11	FEARBAL O'TOOLE	97R FRANKLIN AVE SOMERVILLE MA 02145	CONSULTING	500	00
10.14.11	HOME DEPOT	75 MYSTIC AVENUE SOMERVILLE MA 02145	STRAPPING FOR SIGNS	56	10
10.14.11	PROPRINTING	483 WEAVER ST SOMERVILLE MA 02145	SIGNS, BUMPER STICKERS, STATIONARY	706	56
10.11.11	RACHAEL CRACKNELL	46 GARLISON AVE SOMERVILLE MA 02144	REIMBURSEMENT OFFICE SUPPLIES	30	76
9.30.11	WINTER HILL BANK	342 BROADWAY SOMERVILLE MA 02145	STATEMENT FEE	2	00
10.8.11	WINTER HILL BANK	342 BROADWAY SOMERVILLE MA 02145	CHECK ORDER CHARGE	29	88
Line 12: Expenditures over \$50				2,241	15
Line 13: Expenditures \$50 and under*				-	
Line 14: TOTAL EXPENDITURES				2,241	15

Enter on page 1, line 4

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	~ / A			
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				—

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	~ / A			
Line 18: OUTSTANDING LIABILITIES (ALL)				—

Enter on page 1, line 7

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/4/11	THOMAS AMOROSO 70 MARION ST. MEDFORD, MA 02155	\$50.	
10/4/11	KATHERINE CALLAHAN 10 LEHIGH DRIVE E. HARTFORD, CONN 06108	\$50.	
9/8/11	JOHN CARUSO 93 FLINT STREET E. SOMERVILLE, MA 02145	\$10.	
10/16/11	BARBARA CRACKNELL 145 MT. VERNON ST WINCHESTER, MA 01890	\$500.	NOT EMPLOYED SOCIAL WORKER
10/16/11	TERRY CRACKNELL 145 MT. VERNON ST WINCHESTER, MA 01890	\$500.	SELF-EMPLOYED ARCHITECT
10/5/11	DEBRA DUHAMEL 21 BAKLEY ST SOMERVILLE, MA 02144	\$25.	
10/4/11	ERIN FITZGERALD 123 KING ST. E. HARTFORD, CONN. 06108	\$50.	
10/4/11	TIMOTHY FITZGERALD 1124 WINDSOR AVE. WINDSOR, CT 06905	\$250.	DWYER, SHERRIDAN & FITZGERALD ATTORNEY
10/4/11	MARIE HACOPIAN 655 BOYLSTON ST. BOSTON, MA 02116	\$500.	CHARLES MARK HOTEL
10/4/11	TIMOTHY HOFFMAN 1 FLETCHER ROAD BELMONT, MA 02478	\$500.	CAMBRIDGE MEDICAL SUPPLY INC. SALES MANAGER
9/23/11	ADAM KNIGHT 154 HIGH STREET MEDFORD, MA 02155	\$75.	
10/4/11	STEPHANIE LEYDOW 1 FLETCHER ROAD BELMONT, MA 02478	\$500.	NOT EMPLOYED
Line 9: Total Receipts over \$50 (or listed above)		\$4,560	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$4,560	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

" FRIENDS OF SEN J. FITZGERALD "

PAGE 1

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/4/11	HARLAN LIEBOWMAN - 87 CLIFFE AVENUE LEXINGTON, MA 02420	\$ 50.	
10/9/11	LIAM MANNION 34 BOW ST. SOMERVILLE, MA 02143	\$ 500.	SELF-EMPLOYED
10/5/11	LYNN H. MARTIN 57 MURRAY ROAD S. WINDSOR, CT 06074	\$ 50.	
10/1/11	DOROTHY SHANNON P.O. BOX 534 WINCHESTER, MA 01890	\$ 100.	
10/6/11	JORDAN SHULTZ 1306 MOON DRIVE YARDESLEY, PA 19067	\$ 500	DYNAMIC INC SIGNAL SALES
9/28/11	PAULA STUART 65 BOSTON ST. SOMERVILLE, MA 02143	\$ 100	
10/5/11	ZACHARY ZASLOFF 205 WASHINGTON ST. #7 SOMERVILLE MA 02143	\$ 250.	SHOEBUY.COM SNR. VICE PRESIDENT BUSINESS

Line 9: Total Receipts over \$50 (or listed above)

4,560

Line 10: Total Receipts \$50 and under* (not listed above)

—

Line 11: TOTAL RECEIPTS IN THE PERIOD

4,560

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

" FRIENDS OF SEAN J. FITZGERALD " PAGE 2